

For all events that take place on roadways within Southampton Town such as runs, walks, marathons, etc.

This application form is required for events such as parades, runs, walks, marathons, biking events, etc. that take place on roadways within Southampton Town. In addition to this application, Chapter 283 Southampton Town Code requires specific material to be submitted in conjunction with this form as well as the items indicated on the application checklist provided.

If a section is not applicable, indicate N/A. It is the applicant's responsibility to ensure that the application package is complete and accurate. Incomplete applications will not be processed. NO BLANKS.

Applicati	ions MUST be submitte	ed at least 90	DAYS prior to	the event.	
NAME of EVENT		` '	of EVENT	APPLICATION FEE (see pg.4)	LATE FEES
			ΓΕ(S)	\$	\$
PROPOSED ROUTE (att	ach detailed man)	KIII (DII	IL (b)	T	Ψ
•					
	TO N.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	104 () (2)		
APPLICANT INFORMA	TION	Charity 5	501(c)(3) Other		
Name	Address	City/Ham	ılet/Village	State	Zip Code
DOB			()	Hor	ne
Email address:				Cell	
CONTACT PERSON - If	different from Applicant for all co	rrespondence, incl	uding permit	Same as ap	plicant
Name	Address - Residence	City/Han	nlet/Village	State	Zip Code
()					
Telephone	Mailing address if different	City/Haml	et/Village	State	Zip Code
Email address:					
PERSON RESIDING IN Same as applicant	SUFFOLK COUNTY, authorized to DOB Note: No		nonses or Other Violations wo		
Same as applicant		otarized amidavit i	or consent or service on j	page o must be s	ubiliticu.
Name	Address - Residence		City/Hamlet/Villag	e State	Zip Code
PERSON RESPONSIBLE	E FOR ON SITE MANAGEMENT	OF THE EVENT	_	Same as ap	plicant.
Name	Address		City/Hamlet/Villag	State	Zip Code
DOB			()	Hor	ne
Email address:			()	Cell	
INSURANCE COMPANY	Y				
		()		Binder included	
Company Name		Telephone			
DATE(S) for SET UP _	DATE	for SITE TO BE	CLEANED UP		
Please note	e: insurance certificate should	l include coveraș	ge for <u>set-up</u> and <u>clea</u>	<u>ın-up</u> dates.	



(includes runs, walks, marathons, bike events, etc.)

EVENT INFORMATION						
TOTAL ESTIMATED PEOPLE :		DURATION: day(s)				
	Per Day	_	DATE(S) of Event	t://2012 to _	/	_/2012
Participants			HOURS of Event:	am/pm to	am/pm	
Spectators		Start Time: am/pm				
Employees		Estimated completion time: am/pm				
Organizers						
Volunteers			ENTRY FEE: \$ _	(General Admi	ssion). <i>If ap</i>	plicable.
LOCAL GI		TIONS, CHARIT		DUALS who will benefit fron		ds of the
Organization Na	e	Mailing Address		City/Hamlet/Village	 State	Zip Code
C		_)		•
Organization Na	me	Mailing Address		City/Hamlet/Village	State	Zip Code
	\$Amount: \$	Ph	one number ()		_
As defined in NYS Executive Law 171, a local charity is one that has offices within the Town of Southampton or an organization that provides services or funds that directly benefit Town residents. As defined in Town Code §283, an applicant that is not a charitable organization shall have 90 days after the event to submit proof in writing including copies of cancelled checks to the Town Clerk's Office that pledges listed above were received by the Designated Charity. If your organization is not a local charity, please describe and note how the event will directly benefit a local charitable organization.						



(includes runs, walks, marathons, bike events, etc.)

EVENT INFORMATION NEW YORK STATE LIQUOR AUTHORITY www.abc.state.nv.us (212) 961-8385 Will alcohol be served? yes ____ no ___ If alcohol is served, NY State Permit required, please attach. Additional insurance for Liquor Liability required, please attach. **SIGNAGE** All signs should be removed within 3 days of the termination of the event. Flashing or moving signs are prohibited, Town Code §330-203B(8). Freestanding Signs OFFSITE **Freestanding Signs ONSITE** Number Number Size Size Location Location **EMERGENCY PLAN** NYS fire code requires an emergency plan. It may not be ready at the time of the application but must be submitted to and approved by the Chief of Police prior to the event. Plan attached yes _____ no ____ Additional services may be required based on the nature of the event. Ambulance on standby Medical Services, as may be required by Southampton Town Police Notification to area hospitals (Southampton Hospital, 726-8200; Peconic Bay Medical Center, 548-6000) Notification to local media (WLNG, 725-2300; WBLI, 669-9254; SEA-TV ch 22, 287-6274), and traffic (Metro traffic 516-803-9020) Towing company on standby Support personnel **PARKING** Plan must be attached showing layout, ingress and egress. Shuttle bus provided: YES / NO Total number of parking spaces provided at beginning: _____ Attach valid workers comp certificate. Total number of parking spaces provided at end: Maximum number of vehicles expected to be parked at any given time at the event each day (if more than one day) (include Spectators/Participants, employees, organizers, vendors, wait staff, caterers, exhibitors, parking attendants) Total Number of Handicap Parking Spaces provided _____ Parking after 1:00 am is prohibited on all Town roads in residential districts. CATERER/ FOOD AND BEVERAGE (including alcohol) SUPPLIER ____ N/A Attach valid workers comp certificate. Attach Suffolk County Health Permit Application. Name of Firm Email Telephone

____ N/A

Name of Firm

GARBAGE / TRASH / RUBBISH REMOVAL

Email

Telephone



(includes runs, walks, marathons, bike events, etc.)

SUBMIT PLANS, DRAWINGS, INCLUDING HANDICAP ACCESSIBILITY, AND COMPLETE THE FOLLOWING REQUESTS FOR INFORMATION

THE FOLLOWING INFORMATION MUST BE SUBMITTED: A DETAILED MAP OR PLAN, DRAWN TO SCALE, SHOWING ALL OF THE REQUIRED ELEMENTS LISTED BELOW WITH A SUMMARY OF ITEMS INCLUDED ON MAP, AS WELL AS ALL OTHER APPLICABLE INFORMATION AND MATERIAL REQUIRED.

PLEASE INDICATE BY CHECK MARK THE FOLLOWING INFORMATION WHICH HAS BEEN INCLUDED IN PLANS SUBMITTED. INSERT "N/A" IF NOT APPLICABLE. NO BLANKS. 1 Filing Fee: (1) for 1 day event with less than 250 people: \$50.00 per day (2) for events occurring over more than one day and/or events with 250 - 500 people: \$150.00 per day (3) for events occurring over more than one day and/or events with 500 - 1000 people: \$300.00 per day (4) for events occurring over more than one day and/or events with 1000 - 3000 people: \$500.00 per day (5) for events occurring over more than one day and/or events with more than 3000 people: \$1000.00 per day
Any amendment to the application for a Parade permit will be subject to an amendment fee of <u>25%</u> of the applicable application fee. Amendments may include changes to the location, route, parking plan, number of people expected, etc. Amendments to Parking Plans at the request of the Town are not considered amendments to the application.
2 Comprehensive Liability Insurance Policy naming the Town of Southampton, 116 Hampton Road, Southampton, NY 11968 as an additional insured in the amount of \$1,000,000. Insurance coverage should include set-up and break-down time and list name, date & location of event under description of operations.
3 Disclosure Affidavit, Owner's Endorsement, Authorization for Inspection, Affidavit- Consent of Agent for Service; all signed and notarized.
4 Detailed Map, Plan or Sketch, Drawn to Scale, Showing the proposed route of event and surrounding area, including start, intersections and end point.
Location, Size and Number of the Following: a Tent(s), including size, number and location. Permit required from Chief Fire Marshal for all tents greater than 200 square ft. b Stages, Decks, Bleachers, Platforms (If applicable certification and/or inspection) c Restrooms, including Handicap Accessible d Dumpsters, Trash Barrels 5 Use of Town Facilities. If the Event is to be held at a Town Park, Beach or other Town-owned Property, a "Facility Use Permit" is required pursuant to Town Code §111-3D. If and when both a facility use permit and a special event permit are required, the validity of the facility use permit is contingent upon issuance of the special event permit (Southampton Town Code 283-7). Please contact Parks & Recreation (728-8585) for information regarding a facility use permit.
6 Plan for Disposal of Garbage, Trash, Rubbish and Sanitary Waste and Sewage
 Emergency Plan including Emergency Medical Facilities, notifications, arrangements Parking Plan both onsite and offsite (if applicable) including layout, ingress and egress, loading and delivery, passenger pick-up/discharge, shuttle bus Letter from Participating Charity Complete Application
PLEASE SUBMIT ORIGINAL PARADE APPLICATION, PLANS & ALL DOCUMENTATION.
I hereby depose and certify, that all the above statements and information and all statements and information contained in the supporting documents and drawings attached hereto are true and correct. I hereby agree to provide notice in writing to the Town Clerk's Office immediately, should there be any material changes regarding the information submitted in this application. I hereby authorize officials and employees of the Town of Southampton to enter the property to make any and all inspections necessary in connection with this Parade Application.
Name of Applicant Applicant's Signature
Sworn to before me this day of, 2012.
Notowy Dublic
Notary Public
A false statement made herein is punishable as a class A misdemeanor pursuant to section 210.45 of the penal law of the State of New York.
A violation of any of the provisions of Town Code 8283 partaining to enecial events permits shall be a misdemagner and shall be punishable as the

chapter provides.



TOWN OF SOUTHAMPTON 2012 PARADE DISCLOSURE AFFIDAVIT Page 1 of 2

*NOTICE: A violation of any of these provisions of chapter 283 pertaining to special events permits shall be a misdemeanor and shall be punishable as the chapter provides.

STATE OF NE	W YORK } } ss:	
COUNTY OF		
	being duly ewor	n, deposes and says:
Print N		i, deposes and says.
I am an applica penalty and sw Code Chapter 2	nt for a Parade Permit, which is the sue ar to the truth herein. I am aware the 23 and that I shall be guilty of a misde I may be subject to the penalties in S	bject of a pending application, before the Chief of Police. I make this affidavit under at this affidavit is required by General Municipal Law §809 and Southampton Town emeanor should I knowingly or intentionally fail to make all disclosures herein. I am southampton Town Code §23-14 should I knowingly or intentionally fail to make all
1. T	he Event is:	
2. I i	reside at	
3. T	he officers of the applicant corporation	n are as follows:
Dı	rac	Sac
V	ice Pres.	Sec Treas
1.	o any of the following individuals hav Any official of New York State Any elected or appointed official o	e an interest in the applicant or owner (as defined on page 2, note "A")? Yes No ————————————————————————————————————
	of Southampton Town O Question 4 is yes, General Municip It of the interest of said individual(s) i Residence	al Law §809 and Town Code Chapter 23 require that you disclose the name and the name applicant or owner. Nature of Interest
		_
co	ontributions exceeding \$500 in total, i	•
1.	Owner	Yes No
2.	Applicant	
3.	Agent for owner or applicant	
4.	Attorney	
5.	Other	
If the question	to Question 5 is yes, Town Code Chap	ter 23 requires that the information be provided below:
Name/Address	Amount/Date	Name of Campaign Committee
		



TOWN OF SOUTHAMPTON 2012 PARADE DISCLOSURE AFFIDAVIT Page 2 of 2

_	5			
6.	officer or	the preceding 24 months before the filing of this application to the property of the property	n in an amou	ant of \$500 or more? Said compensation may be
			Yes	No
		Owner		
		Applicant Agent for owner or applicant		
		Attorney		
	5.	Other		
If the	answer to	Question 6 is yes, Town Code Chapter 23 requ	ires that th	e information be provided below:
<u>Name</u>		Position (Owner, Agent, Attorney, Other)	Corpora	tion_
		Signature		
	to before n			
	day of	, 2012.		
Notary	Public			
	M	A FALSE STATEMENT MADE HEREIN IS IISDEMEANOR PURSUANT TO SECTION 2 STATE OF NEW	10.45 OF	
A.	Town of	urposes of this disclosure, an official of the State of Ne Southampton shall be deemed to have an interest in the rothers, sisters, parents, children, grandchildren or the spe	e applicant a	nd/or owner when that official or employee, their
	a.	the applicant or owner; or		
	b.	an officer, director, partner, or employee of the application	cant or owne	r; or
	c.	Legally or beneficially owns or controls stock of a c association applicant or owner; or	orporate app	licant or owner, or is a member of a partnership or
	d.	Is a party to an agreement with the applicant or owr	ner, express o	or implied, whereby said official or employee may

receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York Stock or American Stock Exchange shall not constitute an interest for the purposes

of this disclosure.



TOWN OF SOUTHAMPTON 2012 INDEMNITY AGREEMENT Page 1 of 1

(Applicant)

STATE OF NEW YORK} State of New York} COUNTY OF SUFFOLK}
Pursuant to Town Code §283-11, this Agreement is made this day of, 2012, between the Town of Southampton (Town) and(Applicant).
In consideration of issuance by the Town of a Parade Permit, the applicant voluntarily agrees to indemnify and hold the Town of Southampton and its officers, employees, and agents harmless from and against any and all losses, liabilities, damages, or costs sustained by any person for personal injury, death, or property damage arising out of, or as a consequence to the Parade.
The undersigned further agrees to indemnify and hold harmless the Town and its officers, employees, and agents from and against any and all losses, liabilities, damages, or costs which may be imposed upon, incurred by or asserted against the Town by reason of any act of omission of the undersigned, which result in damage or injury of any kind to any person or any property and which arises out of or is any way connected with the event permitted by this permit.
Applicant
Sworn before me this
day of, 2012.
Notary Public



TOWN OF SOUTHAMPTON 2012 Affidavit-Consent of Agent for Service Page 1 of 1

STATE OF NEW YORK}	
} ss: COUNTY OF SUFFOLK}	
I,, by me being duly sy please print name	vorn, deposes and says,
I reside at No	
Street	Town/City
State of New York, and do hereby consent and accept service	by mail to the above address, of any and all papers and
instruments of any kind, including, but not limited to orders, ci	vil summonses and complaints, motions for preliminary
injunction, appearance tickets and/or criminal summonses	for any matters arising out of or relating to the
Event occurring	g on or about, 2012.
My date of birth is, my telephone number different than that my street address, is	
PO Box /Stree	Town/ City
I understand that by executing this document I am affirmatively the New York State Criminal Procedure Law and the New York Furthermore, by executing this document, I hereby consent to the Justice Court and the Supreme Court for the State of New York Town of Southampton commences arising out of or relating to	k State Civil Practice Laws and Rules. the personal jurisdiction of the Southampton Town in connection with any and all legal action that the
any and all jurisdictional defects and/or defenses as to any matt	er arising out of or relating to the subject Event.
	Applicant
Sworn to before me this	
day of	
Notary Public	